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OCT 11 2017

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE

U.S. DISTRICT COURT
MID. DIST. TENN.

DIVISION

SETH TAYLOR

(Name)

331874

(Prison Id. No.)

(List the names of all the plaintiffs filing
this lawsuit. Do not use "et al." Attach
additional sheets if necessary.)

(Name)

(Prison Id. No.)

Plaintiff(s)

Civil Action No. _____

(To be assigned by the Clerk's Office.
Do not write in this space.)

v.

JURY TRIAL REQUESTED ☐ YES ☐ NO

D.C.S.O.

(Name)

CLASS ACTION SUIT

(Name)

DARREN HALL - SHERIFF
HAROLD TAYLOR - WARDEN

Defendant(s)

(List the names of all defendants
against whom you are filing this
lawsuit. Do you use "et al." Attach
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS FILED
PURSUANT TO 42 U.S.C. § 1983

I. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: SETH TAYLOR
Prison I.D. No. of the first plaintiff: 331874
Address of the first plaintiff: 5113 Harding Place
Nashville, TN 37211

Status of Plaintiff: CONVICTED ☐ PRETRIAL DETAINEE ☒

2. Name of the second plaintiff: _____
Prison I.D. No. of the second plaintiff: _____
Address of the second plaintiff: _____

Status of Plaintiff: CONVICTED ☐ PRETRIAL DETAINEE ☐

Revised 11/2014

(Include the name of the institution and mailing address with zip code for each plaintiff. If any plaintiff changes his or her address, he or she must notify the Court immediately. If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.)

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: DCSO. Class Action Suit
 Place of employment of the first defendant: 5115 Harding Place
Davidson County Sheriff's Office
 First defendant's address: 5115 Harding Place
Nashville, TN 37211

Named in official capacity? ☐ Yes ☐ No
 Named in individual capacity? ☐ Yes ☐ No

2. Name of the second defendant: DARREN HALL, HAROLD TAYLOR
 Place of employment of the second defendant: 5115 HARDING
PLACE NASHVILLE, TN 37211 DCSO
 Second defendant's address: _____

Named in official capacity? ☐ Yes ☐ No
 Named in individual capacity? ☐ Yes ☐ No

(If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, his or her place of employment, address, and the capacity in which you are suing that defendant. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide each defendant's proper name, place of employment, and address, the Clerk will be unable to serve that defendant should process issue.)

II. JURISDICTION

- A. Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (applies to state prisoners).
 Jurisdiction is also invoked pursuant to 28 U.S.C. § 1343(a)(3).

If you wish to assert jurisdiction under different or additional statutes, you may list them below:

III. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuit(s) in the United States District Court for the Middle District of Tennessee, or in any other federal or state court? ☒ Yes ☐ No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs Seth Taylor

Defendants Jacob Steen, Jacob Voyles, Jonathan Rodgers, Dwayne Butler, James Lemaster

2. In what court did you file the previous lawsuit? United States District Court For Middle District of TN
(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? 3:16-cv-3257

4. What was the Judge's name to whom the case was assigned? Judge Parker, Magistrate Judge Brown

5. What type of case was it (for example, habeas corpus or civil rights action)? CIVIL RIGHTS CASE

6. When did you file the previous lawsuit? (Provide the year, if you do not know the exact date.) 2016

7. What was the result of the previous lawsuit? For example, was the case dismissed or appealed, or is it still pending? STILL PENDING

8. When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.) UNDECIDED

9. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit? ☐ Yes ☒ No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

IV. EXHAUSTION

A. Are the facts of your lawsuit related to your present confinement?

☒ Yes ☐ No

B. If you checked the box marked "No" in question III.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain. _____

C. Do the facts of your lawsuit relate to your confinement in a Tennessee state prison?

☒ Yes ☐ No

(If you checked the box marked "No," proceed to question IV.G. If you checked the box marked "Yes," proceed to question IV.D.)

D. Have you presented these facts to the prison authorities through the state grievance procedure? ☒ Yes ☐ No

E. If you checked the box marked "Yes" in question III.D above:

1. What steps did you take? SUBMITTED SEVERAL SICK CALLS AND GRIEVANCES

2. What was the response of prison authorities? DCSO NURSES AND STAFF DID NOT RESPOND TO MY NEEDS APPROPRIATELY

F. If you checked the box marked "No" in question IV.D above, explain why not. _____

G. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)? ☒ Yes ☐ No

H. If "Yes" to the question above, have you presented these facts to the authorities who operate the detention facility? ☒ Yes ☐ No

I. If you checked the box marked "Yes" in question III.H above:

1. What steps did you take? SUBMITTED SEVERAL VERBAL & WRITTEN COMPLAINTS.

2. What was the response of the authorities who run the detention facility? _____

STAFF MEMBERS DID NOT RESPOND
APPROPRIATELY TO MY NEEDS

J. If you checked the box marked "No" in question IV.H above, explain why not. _____

V. CAUSE OF ACTION

Briefly explain which of your constitutional rights were violated:

THE EIGHTH AMENDMENT WHICH
PROHIBITS CRUEL AND UNUSUAL
PUNISHMENT.

VI. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 1/2 inch x 11 inch paper. Write on one side only, and leave a 1-inch margin on all 4 sides.

The year of 2016, in the month of October
through the month of January 2017, I Seth
Taylor continuously requested medical attention
from the staff members and nurses of the D.C.S.O.
to get treatment for a scabies outbreak that
had taken place. Nurses only supplied me with
hydrocortisone which was ineffective in treating
the serious condition I had come into contact
with. The condition became so severe, I scratched
my skin off until I would bleed for
several months. A doctor brought into the
facility of D.C.S.O recognized my diagnosis and
I had to be treated three separate occasions
to rid of the condition. I wish to be added to
the class action law suit taking place regarding
this particular incident.

VII. RELIEF REQUESTED: State exactly what you want the Court to order each defendant to do for you.

I SETH TAYLOR AM REQUESTING TO
BE COMPENSATED FOR PAIN AND SUFFERING,
AND MENTAL DAMAGES SUSTAINED
DURING MY TIME OF INCARCERATION.

I request a jury trial. ☐ Yes ☐ No

VIII. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: [Signature] Date: October 5th, 2017
 Prison Id. No. 331874
 Address (Include the city, state and zip code.): 5115 Harding Place
Nashville, TN 37211

Signature: _____ Date: _____
 Prison Id. No. _____
 Address (Include the city, state and zip code.): _____

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information requested above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT AND (1) THE REQUIRED FILING FEE OR (2) COMPLETED APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES AND COSTS TOGETHER.

Complaints received without the required filing fee or application to proceed without prepayment of fees will be returned. Filing fees and applications to proceed without prepayment of fees submitted without a complaint will be returned.

United States District Court
For the Middle District of TN

I Seth Taylor, was recently made aware that A Class Action Law Suit Had Been Filed Through The United States District Court, And I Wish To Be Added As A Victim Under This Particular Suit That IS Currently Under Review.

The Year of 2016, In the month of October through the month of January 2017, I Seth Taylor continuously requested medical attention from the staff members and nurses of the Davidson County Sheriff's Office, to get treatment for A Scabies outbreak that had taken place in the facility. Nurses only supplied me with Hydrocortizone Cream which was ineffective in treating the serious condition I had come into contact with. The condition became so severe, I scratched my skin off until I would bleed. A Doctor who was brought into the facility of the D.C.S.O. immediately recognized and diagnosed my condition as Scabies. I had to be treated on three

Seperate occasions to rid of this very
Painful Condition. If Medical Personnel
Took the time to Carefully Diagnose my
Condition the First Time I Reported It,
I wouldn't Have Sustained The Long months
of Pain And Suffering That I Was Subjected
To.

I Certify Under The Penalty of Perjury
That The Foregoing Complaint IS True To
The Best of my Information, Knowledge, And
Belief.

Seth Taylor

Seth Taylor

Prison ID# 331874

10-5-2017